



米特 99 P02130 #3

Docket No.: _____

DECLARATION AND POWER OF ATTORNEY FOR APPLICATION FOR UNITED STATES PATENT

As a below named inventor, I hereby declare that:
my residence, post office address and citizenship are as stated below under
my name;

I verily believe I am the original, first and sole inventor (if only one name
is listed below) or an original, first and joint inventor (if plural names are
listed below) of the subject matter which is claimed and for which a patent is
sought on the invention entitled:

OSCILLATION CIRCUIT WITH VOLTAGE-CONTROLLED OSCILLATORS

described and claimed in the specification:

Check one

*a. attached hereto.

b. filed on December 27, 2001 as Application Serial No. 10/026,633.

I have reviewed and understand the contents of the above-identified
specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me
to be material to patentability as defined in Title 37, Code of Federal Regulations
§1.56. Under Title 35, U.S. Code §119, the priority benefits of the following
foreign application(s) filed within one year prior to this application are hereby
claimed:

Japanese Patent Application No. 2001-604 filed January 5, 2001

The following application(s) for patent or inventor's certificate on this
invention were filed in countries foreign to the United States of America either (a)
more than one year prior to this application, or (b) before the filing date of the
above-named foreign priority application(s):

I hereby appoint the following as my attorneys of record with full power of
substitution and revocation to prosecute this application and to transact all
business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;
Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411; and
Edward P. Walker, Reg. No. 31,450.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF &
BERRIDGE, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this
Declaration, and that all statements made herein of my own knowledge are true and
that all statements made on information and belief are believed to be true; and
further that these statements were made with the knowledge that willful false
statements and the like so made are punishable by fine or imprisonment, or both,
under Section 1001 of Title 18 of the United States Code and that such willful false
statements may jeopardize the validity of the application or any patent issued
thereon.

1	Typewritten Full Name of Sole or First Inventor	Tetsuya	NISHIYAMA	
2	Inventor's Signature	Given Name	Middle Initial	Family Name
3	Date of Signature	March 11, 2002		
	Residence	Chuo-Ku, Tokyo,	Japan	
	City		State or Province	Country
	Citizenship	Japanese		
	Post Office Address (Insert complete mailing address, including country)	c/o TDK Corporation, 1-13-1, Nihonbashi, Chuo-Ku, Tokyo, Japan		

*If Box a. is checked, this form may be executed only when attached to the
specification (including claims) at the end thereof.

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and
insert the actual date of signing on line 3.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE

(Discard this page in a sole inventor application)

1	Typewritten Full Name of Joint Inventor	Hiroshi	KOBAYASHI
2	Inventor's Signature	Given Name Middle Initial Family Name	
3	Date of Signature	3-11-2002	
Residence	Chuo-Ku, Tokyo, Japan	State or Province	Country
Citizenship	Japanese		
Post Office Address (Insert complete mailing address, including country)	c/o TDK Corporation, 1-13-1, Nihonbashi, Chuo-Ku Tokyo, Japan		
1	Typewritten Full Name of Joint Inventor	Given Name	Middle Initial Family Name
2	Inventor's Signature		
3	Date of Signature		
Residence	City	State or Province	Country
Citizenship			
Post Office Address (Insert complete mailing address, including country)			
1	Typewritten Full Name of Joint Inventor	Given Name	Middle Initial Family Name
2	Inventor's Signature		
3	Date of Signature		
Residence	City	State or Province	Country
Citizenship			
Post Office Address (Insert complete mailing address, including country)			
1	Typewritten Full Name of Joint Inventor	Given Name	Middle Initial Family Name
2	Inventor's Signature		
3	Date of Signature		
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Citizenship			
Post Office Address (Insert complete mailing address, including country)			
1	Typewritten Full Name of Joint Inventor	Given Name	Middle Initial Family Name
2	Inventor's Signature		
3	Date of Signature		
Residence	City	State or Province	Country
Citizenship			
Post Office Address (Insert complete mailing address, including country)			

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.